



Do Not Write or Staple In This  
Space.  
Reserved For Fiscal.

## Purchase Voucher

Agency: 529  
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01047099

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

**Payee Name / Address:**

TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: \$762,500.00

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description				AMOUNT
1		0		TPCN-12.2	TPCN-12.2 (529-10-0013-000001E)				\$762,500.00
ShipTo ID	Non-HHSAS Cntrct ID								
E893	Contract #	Wkfc	Org PmtDt	IC	RC	Invoice DT:	09/21/15	Req'd Pay DT:	11/03/15
		N				Inv Rec'd DT:	09/21/15	Pay Due DT:	11/30/15
1.1	Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref	Pri/Grant	Amount
	725300		0001	716	5016	03138	2016	TANF100F	\$762,500.00
	Open Item Key: Conf:N Certified Amt: 0.00								

**Descriptive Legal Text (DLT Comments):**

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

OCT 30 2015

10/30/2015

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Kulkarni,Anjali Narayan
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name	Contact Phone(Area+Number)		

01047099

**RECEIVED**

OCT 29 2015

HHSC Accounting Ops

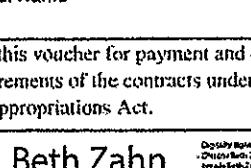
Health & Human Services  
Commission

**STATE OF TEXAS**

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

Page 1 of 1

2. Agency number <b>529</b>	3. Agency name <b>Health &amp; Human Services Commission</b>	4. Current document number <b>529</b>		
9. Texas identification number <b>1760802397</b>	10. PDT 11. CPT 12. Purchase Order number <b>7253</b>	13. Document amount <b>\$762,500.00</b>		
14. Payee name / address <b>Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746</b>		15. GSC Contract Number 16. GSC Contract Name 17. AGENCY USE		
18 SFX 001	COA FY 2016 DeptID/Speedchart 716	COBJ 7253 Amount \$ 762,500.00 Invoice date 9/21/2015 Invoice number / Account Number TPCN-12.2 Invoice Received Date 9/21/2015 Requested Payment Date 3 DAY PAY Interest Control Reason Code		
18 SFX 001	COA FY DeptID/Speedchart 716	COBJ 7253 Amount \$ 762,500.00 Invoice date 9/21/2015 Invoice number / Account Number TPCN-12.2 Invoice Received Date 9/21/2015 Requested Payment Date 3 DAY PAY Interest Control Reason Code		
18 SFX 001	COA FY DeptID/Speedchart 716	COBJ 7253 Amount \$ 762,500.00 Invoice date 9/21/2015 Invoice number / Account Number TPCN-12.2 Invoice Received Date 9/21/2015 Requested Payment Date 3 DAY PAY Interest Control Reason Code		
19. SERVICE / DEL DATE  <b>October 2015</b>	20. DESCRIPTION OF GOODS OR SERVICES  <b>Payment in accordance to Section 1.06 of Contract No. 529-10-0013-00001E.  Contract 529-10-0013-000001E. September 1, 2015 - February 29, 2016.</b>	21. QUANTITY  <b>1</b>	22. UNIT PRICE  <b>\$ 762,500.00</b>	23. AMOUNT  <b>\$ 762,500.00</b>
24. VENDOR CERTIFICATION  <b>Vendor Contact Name</b>		Phone (Area code and number)		25. Entered by
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.				
Agency contact/preparer <b>SIGN HERE</b>  <b>Beth Zahn</b>	Document signed by Beth Zahn Date: 10/23/2015 FAX: 512-206-5111 Email: beth.zahn@dhss.texas.gov Contract No.: 529-10-0013-00001E Contract Name: HHS Commission Contract Type: Standard Contract Status: Active Contract Start Date: 09/01/2015 Contract End Date: 02/29/2016	Printed Name <b>Beth Zahn</b>	Phone (Area code and number) <b>512-206-5111</b>	Date <b>10/23/2015</b>
Agency Approver <b>SIGN HERE</b>  		Printed Name <b>Marilyn Eaton</b>	Phone (Area code and number) <b>512-206-5187</b>	Date <b>10/23/2015</b>

Rolando Garza Rolando Garza 424-6660

Form 4116 02/2015

10/26/15 10/29/15 Smp



**TEXAS  
PREGNANCY CARE  
NETWORK**

## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Beth Zahn  
Texas Health and Human Services Commission  
909 W. 45<sup>th</sup> Street  
Building 555, MC 2010  
Austin, TX 78751

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

Taxpayer ID No. 76-0802397

Amounts due may be remitted by Electronic Funds

**To:** Business Bank of Texas, N.A.  
1910 W. Braker Ln  
Building 3, Suite 100  
Austin, TX 78758  
**Routing No.** 114925615

**Account:** Texas Pregnancy Care Network  
1005126

Invoice Number: TPCN-12.2

**Invoice Date:** September 21, 2015

Due Date: October 31, 2015

**For Professional Services Rendered:**

RE:

Contract Number: 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

**Payment 12.2:** Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

**Due Date: October 31, 2015**

**\$762,500.00**

**Amount Due** : \$762,500.00

HOI'S CAPITAL OF TEXAS HIGHWAY BLDG K SUITE 250 AUSTIN, TEXAS 78746

111-512-637-7011 • FAX: 512-637-7012 • [WWW.TEXASPREGNANCY.ORG](http://WWW.TEXASPREGNANCY.ORG)

THE 1957 RUMBLE CONTINUED: THE BATTLE OF THE BIRDS

وَالْمُؤْمِنُونَ الْمُؤْمِنَاتُ كُلُّهُنَّ أَعْلَمُ بِأَنَّهُنَّ مُؤْمِنَاتٍ وَلَا يَرْجُوا مِنْ فِتْنَةٍ